

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/717,092

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	80	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	80 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	710.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 21	Minus ** 20	= 1
Independent	* 6	Minus *** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	18
X86=	264
+290=	
TOTAL ADDIT. FEE	282

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 1202	Minus **	=
Independent	* 18,000	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

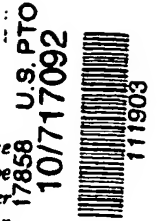
RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Mail Stop Patent Application
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT
Date: November 18, 2003
File No. 1315.68260



Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Steve Wang

I hereby certify that this paper is being deposited with the
United States Postal Service as Express Mail in an envelope
addressed to: Mail Stop Patent Application, Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
this date.

For: KENNEL

November 19, 2003
Date

Dail Oram
Express Mail No.: EL 846178885 US

Enclosed are:

- (X) 16 pages of specification, including 20 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 6 sheet(s) of formal drawings(s).
- () Assignment(s) of the invention to .
- () Assignment Form Cover Sheet.
- () A check in the amount of \$ to cover the fee for recording the assignment(s)
is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited references.
- () Associate power of attorney.
- () Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 770.00
b) Independent Claims	<u>3</u>	-	<u>3</u>	=	<u>0</u>	x \$ 86.00 = \$ <u>.00</u>
c) Total Claims	<u>20</u>	-	<u>20</u>	=	<u>0</u>	x \$ 18.00 = \$ <u>.00</u>
d) Fee for Multiple Dependent Claims						\$290.00 = \$ <u>.00</u>
Total Filing Fee						\$ <u>770.00</u>

- () Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$
- (X) A check in the amount of \$ 770.00 to cover the filing fee is enclosed.
- () Charge \$ to Deposit Account No. 07-2069.
- () Other
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

November 19, 2003

Respectfully submitted,

300 South Wacker Drive - Suite 2500
Chicago, Illinois 60606
Telephone: (312) 360-0080
Facsimile: (312) 360-9315
Customer Number 24978
K:\J1564260AppTransmit.DOC

GREER, BURNS & CRAIN, LTD.

By: *Joseph P. Fox*
Joseph P. Fox
Registration No.: 41,760